

*Thank you for selecting Delta Dental!*  
Your benefits guide and Delta Dental PPO Directory



Sponsored by the State of Tennessee

# Simple Facts About Your Dental Benefits

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## Welcome To Delta Dental of Tennessee

By choosing Delta Dental of Tennessee as your dental benefits carrier, you'll have more reasons to smile! This brochure highlights many of the features of your Delta Dental PPO plan. Once you are enrolled, you will receive a complete Certificate of Coverage with complete details about your new dental plan.

## Highlights of the PPO Plan

With Delta Dental of Tennessee, you can:

- Go to any dentist (but remember, to receive the maximum benefits under this plan you must visit a Delta Dental PPO Provider).
- Change dentists at any time without pre-approval.
- Go to a specialist of your choice without pre-approval.
- Select a different dentist for each member of your family.
- Have your participating Delta Dental dentist complete all necessary forms.

You and your family can enjoy the most valuable, cost-effective and trouble-free dental benefits available anywhere.



## Benefit Summary

Delta Dental PPO Option Plan		
<b>MONTHLY RATES</b> Employee Only: \$17.47 Employee + One: \$33.13 Employee + Family: \$52.61	<b>Delta Dental PPO (In Network) Benefits</b>	<b>Out of Network Benefits</b>
<b>Calendar Year Maximum</b> amount per person per year for all expenses from PPO and non-PPO providers combined.	\$1000	\$1000
<b>Lifetime Orthodontics Maximum</b> amount per person per lifetime for all expenses from PPO and non-PPO providers combined.	\$1250	\$1250
<b>Annual Deductible</b> Deductible does not apply to Diagnostic and Preventive Services	No Deductibles	\$100 Per Person \$300 Per Family
<b>Diagnostic and Preventive Services</b> <ul style="list-style-type: none"> <li>• Oral examinations – 2 in a calendar year</li> <li>• Prophylaxis (cleanings) – 2 in a calendar year</li> <li>• Bitewing x-rays – 1 set in a calendar year</li> <li>• Sealants to age 17</li> <li>• Fluoride treatment to age 14</li> <li>• Space maintainers to age 16</li> </ul>	100%*	80%*
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Restorative (fillings)</li> <li>• X-rays</li> <li>• Simple Extractions</li> </ul>	80%*	60%*
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Denture Repair</li> <li>• Denture Rebase &amp; Reline</li> <li>• Endodontics (root canal therapy)</li> <li>• Oral Surgery (extractions including surgical removal of teeth)</li> <li>• Periodontics (treatment of gums and bones supporting teeth)</li> <li>• Bridges (fixed and removable) <b>12-month waiting period</b></li> <li>• Partial dentures <b>12-month waiting period</b></li> <li>• Full Dentures <b>12-month waiting period</b></li> <li>• Crowns and cast restorations <b>12-month waiting period</b></li> </ul>	50%*	50%*
<b>Orthodontic Services 12-month waiting period</b> <ul style="list-style-type: none"> <li>• For dependents to age 19</li> </ul>	50%*	50%*

Waiting Periods: Waiting periods begin on your effective date.

**\*Maximum Plan Allowance (MPA)** — You are not responsible for charges exceeding the MPA if you go to a participating Delta Dental PPO dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.

If you drop your coverage while eligible, you cannot re-enroll in the plan during the annual enrollment transfer period following 12 consecutive months without coverage, unless you have a life status change.

## Frequently Asked Questions (FAQs)

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### **Q. Who Is Eligible For the PPO Plan ?**

A. Under the PPO Plan you, your spouse and eligible dependents under the age of 24 are eligible for dental coverage. To review dependent eligibility, please refer to your Employee Insurance Handbook. You may obtain a copy of this handbook from your agency benefit coordinator.

### **Q. Why Should I Choose A Delta Dental PPO Provider?**

A. You can choose any dentist; however, here are some reasons why it's best to choose a Delta Dental PPO Provider:

- In-Network Benefits—you will receive the maximum benefits under this plan when you visit a Delta Dental PPO Provider.
- Claim forms will be completed and submitted by the dentist at no charge to you. Non-participating dentists may require you to complete forms and/or pay a service charge.
- Payments to participating dentists will be based on Delta Dental's maximum plan allowance. You will only have to pay your co-insurance amounts—meaning that you are not responsible for charges that exceed the maximum plan allowance. There is no deductible when you visit a Delta Dental PPO Provider.
- Because Delta Dental reimburses its dentists directly, Delta Dental PPO Providers have agreed to charge you no more than your co-insurance amount. You do not have to pay the whole bill and wait for reimbursement.
- If a non-participating dentist's fees exceed the maximum plan allowance, you are required to pay the difference plus your deductible and/or co-insurance. You may also have to pay the entire bill in advance and wait for reimbursement.

### **Q. Where Do I Get Answers To Questions About Providers or Claims?**

A. There are many ways to find answers to your questions about providers and claims:

- **Visit our Web site at**  
[www.deltadentaltn.com/statetn](http://www.deltadentaltn.com/statetn) to:
  - Find out if your current dentist is a Delta Dental PPO Provider
  - View your benefits

- Print an ID card
- Check your eligibility
- Check your claims

### **• Contact Us By Phone**

Inside the Nashville Area: 615-255-3175

Outside the Nashville Area: 800-223-3104

Our Customer Service Representatives are available to answer your questions from 7:00 a.m. to 7:00 p.m. Central time, Monday through Thursday, and 7:00 a.m. to 5:00 p.m. Central time on Friday.

### **• Talk To Your Dentist**

Talk to your dentist and ask if he or she is a Delta Dental PPO Provider.

### **Q. How Do I Start Receiving Treatment?**

A. On or after your effective date of coverage, you may call your dentist and make an appointment. If your dentist participates with us, he or she will complete and submit a claim for you at no charge. If you go to a non-participating dentist, you may have to submit your claim to:

Delta Dental of Tennessee  
240 Venture Circle  
Nashville, TN 37228

### **Q. How Do I Pre-Determine My Benefits?**

A. If you're considering dental work that will cost you more than \$300, ask your dentist to request a pre-determination before starting treatment. This will let you know approximately how much the work will cost and what your share of the costs will be. Please note that pre-determinations are not required and not a guarantee of benefits.

### **Q. What is Balance Billing?**

A. If you visit a dentist who is not a Delta Dental PPO Provider, you will be responsible for any charges above the maximum plan allowance in addition to your deductible and/or co-insurance. A Delta Dental PPO Provider has agreed to accept the maximum plan allowance as full payment and will not bill you for any charges over the maximum plan allowance.

Delta Dental "Safety Net"—If you visit a dentist who is not a Delta Dental PPO Provider but is a Delta Dental Premier Provider, the amount

you may be balance-billed is limited. This may be an additional savings to you or your family members. To find out if your dentist is a Delta Dental Premier Provider, visit our Web site at [www.deltadentaltn.com/statetn](http://www.deltadentaltn.com/statetn) or call your dentist's office.

#### **Q. What If My Family Is Covered By Two Dental Programs (Dual Coverage)?**

A. If you are covered by two or more dental programs—for example, you and your spouse have different dental plans—the first or 'primary' carrier is the one that covers you as the primary enrollee. This plan would be provided at your work rather than your spouse's work.

If your children are covered by two or more dental programs, the primary carrier is determined by the "Birthday Rule." The Birthday Rule means that the dental program of the parent or guardian whose birthday comes first in the calendar year is the primary carrier. This Birthday Rule may be superseded by a divorce or court ruling.

Whenever there is coverage under more than one dental plan, your benefits under both plans will be coordinated so there is "non-duplication of benefits."

The Delta Dental Plan payment will be based on the balance after the primary carrier has made payment. For example, the Delta Dental Plan will pay the appropriate co-insurance of the eligible expense, provided the amount paid by Delta and the primary carrier does not exceed the total fee submitted by the dentist, if the deductible has been met.

The purpose of this plan is to help you meet the cost of dental care. It is not intended to provide benefits greater than actual expenses that are incurred. In all cases, the benefits under both plans will not total more than the dentist's billed fees.

#### **Q. What Is Not Covered?**

A. Delta Dental of Tennessee does not pay benefits for the following:

- Treatment of injuries or illness as covered by Worker's Compensation or Employer's Liability Laws.
- Services received without cost from any federal, state, or local agency. This exclusion will not apply if prohibited by law.

- Cosmetic surgery or procedures for purely cosmetic reasons.
- Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate and upper and lower jaw malformations. This does not exclude those services provided under Orthodontic Benefits, if a plan benefit.
- Treatments to restore tooth structure lost from wear, erosion, attrition, or abrasion.
- Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion, or treatment to stabilize teeth. For example: equilibration, periodontal splinting, and double abutments or bridges.
- Oral hygiene and dietary instructions, treatment for drugs or other medication, experimental procedures, conscious sedation, and extra oral grafts (grafting of tissues formed outside the mouth to oral tissues).
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofacial pain dysfunction.
- General Anesthesia or I.V. Sedation is a BENEFIT only when administered by a properly licensed DENTIST. It must be take place in a dental office in conjunction with covered surgical procedures or when necessary due to concurrent medical conditions.
- The initial placement of a complete or partial denture or fixed partial denture that replaces only those natural teeth missing on the date the person's coverage begins.
- Implants, insertion of implants or related appliances, or surgical removal of implants.
- Services by a dentist beyond the scope of his or her license.
- Dental services for which the member incurs no charge.

**While this brochure highlights some of the features of our plan, this is not a Certificate of Coverage (COC). You will receive (or have already received if currently enrolled) a COC that will have complete details about your dental plan.**





Updated: 8/07

Printed in USA.  
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Form# DDTN-STATEDIR-0907